



## Metabolic Monitoring of Adult Members Prescribed Antipsychotics Recommendations Based on the ADA/APA Expert Consensus Statement

### Background:

Individuals with mental illness are at a greater risk than the general population for death due to general medical conditions (Harris & Barraclough, 1998). The evidence is accumulating that second generation antipsychotics (SGA) have an impact on metabolic risk factors independent of lifestyle factors such as smoking, diet and exercise (Newcomer, 2007). Regardless of the impact of SGAs in relation to other factors, patients with schizophrenia and bipolar disorder treated with SGAs are at higher risks for weight gain, diabetes, lipid abnormalities, and metabolic syndrome<sup>1</sup>.

### Data:

In relation to the general population, individual with mental illness incur more risk factors that increase their overall risk for metabolic syndrome and cardiovascular disease such as smoking, obesity, lack of exercise, alcohol abuse, and poor diet (Lambert, Velakoulis, & Pantelis, 2003). The Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) found that 42.7% of subject at baseline met criteria for metabolic syndrome (McEvoy et al., 2005). Treatment with SGAs has also shown to be associated with an increased risk for insulin resistance, hyperglycemia, and type II diabetes mellitus (Casey et al., 2004).

### Recommendation:

The 2004 American Diabetes Association and American Psychiatric Association Consensus Development Conference statement remains the most concise, comprehensive, and straightforward monitoring protocol for patients treated with second generation antipsychotics. We recommend monitoring all patients prescribed SGAs based on the minimum ADA/APA protocol outlined in the table below. Patients with additional risk factors should be monitored more frequently as appropriate. Ongoing monitoring should inform prescribing decisions and the need for referral to primary care.

ADA/APA Censuses Guidelines <sup>a, b</sup>							
	Base	At 4 weeks	At 8 weeks	At12 weeks	Every 3 months	Annually	Every 5 years
Medical history <sup>c</sup>	X						
Weight (BMI)	X	X	X	X	X	X	
Waist circumference	X						
Blood pressure	X			X		X	
Fasting glucose	X			X		X	
Fasting lipids <sup>c</sup>	X			X			X

<sup>a</sup>From ADA/APA<sup>2</sup>  
<sup>b</sup>More frequent monitoring may be warranted based patient has risk factors  
<sup>c</sup>Personal and family history of obesity, diabetes, hypertension, and cardiovascular disease

### Resources:

Tracking Spreadsheet

<sup>1</sup> Metabolic syndrome is defined by the American Heart Association and the National Heart, Lung, and Blood Institute by the presence of three or more the following risk factors: 1) Elevated waist circumference equal to or greater than 40 inches (102 cm) in men of equal to or greater than 35 inches (88 cm) in women, 2) triglycerides  $\geq 150$  mg/dL, 3) HDL cholesterol  $< 40$  mg/dL in men and  $< 50$  mg/dL in women, 4) blood pressure  $\geq 130/85$  mm Hg, and 5) fasting glucose  $\geq 100$  mg/dL

<sup>2</sup> Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes. (2004). *Diabetes Care*, 27(2), 596-601.

## References

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